Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Allen S. Kent, M.D. 800 12th Ave. Ste. 200 Ft. Worth, TX. 76104	MFDR Tracking #: M4-06-3647-01 DV Injured Dat
Respondent Name and Box #: EMPLOYERS MUTUAL CASUALTY CO. REP. BOX # 19	Empl Insuranc

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUME

Requestor's Position Summary taken from the Table of Disputed Services: "TWCC Form 73 denial x 2. Form not to be submitted within 2 wks. Will not be allowed. 73 shows improvement during post op. and is off work. Rule 129.5 (e) time of exam give copy to pt. & send to Carrier & Employer."

Principal Documentation:

1. DWC 60 package
2. Total Amount Sought - $15.00
3. CMS 1500
4. EOB
5. 73 report

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "...There was no change in work status necessitating the filing of a TWCC-73...."

Principal Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
10-13-05	99080-73	42, 218, & 284	1 & 2	$15.00
Total Due:				$15.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. This service was denied by the Respondent with reason codes "42" (charges exceed our fee schedule or maximum allowable amount), "218" (report charge was denied as it does not fall within the report guidelines per TWCC rules), and "284" (no allowance was recommended as this procedure has a Medicare status of "B").

2. The Respondent alleges that there was no 'change in work status' necessitating the need to bill the 73 report within the 2 week time frame; however, the Respondent did not submit any previous EOBs that indicate when the last 73 report was billed and paid. The Division has no way to know if 2 weeks have lapsed since the last 73 report was billed. The DWC 73 form is a required report and is not bundled. Payment is recommended in accordance with Rule 129.5 (i).
   - 99080-73: MAR=$15.00

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code, Rules 134.1, 134.202, Rule 129.5
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $15.00 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER:

[redacted] Authorized Signature

[redacted] Medical Fee Dispute Resolution Officer

11/1/07 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.